American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

AAP POLICY

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E-mail Alerts

All policy statements from the American Academy of Pediatrics automatically expire 5 years after publication unless reaffirmed, revised, or retired at or before that time. Additional policies from the American Academy of Pediatrics may be found in the Red Book ® and other AAP manuals.

Policy Statements

Organizational principles to guide and define the child health care system and/or improve the health of all children

AAP Policy Statements | AAP Endorsed Statements

Clinical Reports

Guidance for the clinician in rendering pediatric care

AAP Clinical Reports | AAP Endorsed Reports

Technical Reports

Background information to support Academy policy

AAP Technical Reports | AAP Endorsed Reports

Clinical Practice Guidelines

Evidence-based decision-making tools for managing common pediatric conditions

AAP Practice Guidelines | AAP Endorsed Guidelines | AAP Affirmed Guidelines

Parent Pages

Reproducible handouts for parents that provide important health messages based on AAP policy statements.

AAP Parent Pages

Medical Home Information for Providers

A medical home is not a building, house, or hospital, but rather an approach to providing comprehensive primary care. A medical home is defined as primary care that is accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective.

In a medical home, a pediatric clinician works in partnership with the family/patient to assure that all of the medical and non-medical needs of the patient are met. Through this partnership, the pediatric clinician can help the family/patient access and coordinate specialty care, educational services, out-of-home care, family support, and other public and private community services that are important to the overall health of the child/youth and family.

The Medical Home is not a destination but a journey one takes with a child and family. A pediatric clinician who takes on this challenge will meet many barriers but also find allies who will help ease the burden. Many of the barriers can be surmounted by:

- Education about chronic health condition management, the role of community and state agencies, school-related issues, and
- Reimbursement and practice management strategies.

This journey will also provide benefits for a pediatric clinicians, including increased satisfaction with their role as a provider and a closer relationship with the families they treat.

Foundation of a Medical Home: The Family-Professional Partnership

The primary care physician and other health care providers

- Know the child's health history
- Listen to the parents' and child's concerns and needs
- Work in partnership with families to ensure that the medical and non-medical needs of the child and family are met
- Create a trusting, collaborative relationship with the family
- Treat the child with compassion and understanding
- Develop a care plan with the family for their child when needed

The parents and child

- Are comfortable sharing concerns and questions with the child's primary care physician and other health care providers
- Routinely communicate their child's needs and family priorities to the primary care physician, who promotes communication between the family and other health care providers when necessary

Medical Home: Proactive...Not Reactive

For more medical home information for providers, tools, brochures, and presentations, go to:

http://www.medicalhomeinfo.org/tools/providerindex.html

Adapted from the Illinois Medical Home Team's physician medical home brochure and medical home primer for physicians - http://internet.dscc.uic.edu/medhome/mdprimer/MHPhysicianPrimer.asp

www.medicalhomeinfo.org

The National Center of Medical Home Initiatives for Children with Special Needs

About Us | State Pages | Tools/ Resources | Training Programs & Materials | Screening Initiatives | Grant & Funding Opportunities | Model Programs | Health Topics | Medical Home Publications

The medical home Web site contains resources, information, and tools on providing medical homes for children and youth with special health care needs (CYSHCN). Visit this site to learn more about CYSHCN, the providers and families that care for them, and the strategies that practices, communities, and states are taking to improve the lives of CYSHCN.

Publications

CHILDREN WITH SPECIAL HEALTH CARE NEEDS MAKE UP 16.2% OF THE CHILD HEALTH POPULATION AND YET ACCOUNT FOR 45.7% OF THE MEDICAL CARE DOLLAR (in 2000).

For more information visit the ***Medical Home Publications*** Web section, which includes information on federal initiatives, articles, policy statements and reports that have been developed on the Medical Home, as well as statements and reports from the AAP Council on Children with Disabilities.

REACTIONS FROM FAMILIES ON THE MEDICAL HOME

Knowing that you're not the only one fighting to get something that there's somebody else there doing that for you being your advocate, it's very positive

Something like this would take the weight off... you could relax a little...

It sounds too good to be true.

From the Ohio Medical Home Focus Group Project

Tools/Resources

BROWSE THROUGH OUR EXTENSIVE LIST OF TOOLS THAT WILL HELP ENSURE EVERY CYSHCN HAS ACCESS TO A MEDICAL HOME.

The National Center provides tools for families, providers, youth, etc. that are easy to access and download. We encourage you to visit the ***Tools/Resources*** Web Section and adapt these tools to best meet the needs of your child, your patient, or your client.

Subscribe to our Listserv® and

eNewsletter

MEDICAL HOMES@WORK

An e-Newsletter that offers bi-weekly updates on medical home issues, resources, funding opportunities, news from the National Center on Birth Defects and Developmental Disabilities at the Centers for Disease Control and Prevention, and a page on medical home and transitions.

State Pages

FIND OUT WHAT YOUR STATE IS DOING TO ENSURE THAT ALL CHILDREN AND YOUTH HAVE ACCESS TO A MEDICAL HOME.

Learn what's going on around the country and in your state by visiting the ***State Pages*** Web section. The state pages provide information on state medical home initiatives, key partners, related grant activities, and local resources for families and providers

HELP JUMP-START A MEDICAL HOME INITIATIVE IN YOUR COMMUNITY/ STATE.

The *Every Child Deserves a Medical Home* training curriculum contains seven components that offer strategies and resources to provide care for children and youth in a changing health care environment. The components include:

- Common Elements
- Family-Professional Partnerships
- Practices, Policies & Procedures
- Comprehensive, Coordinated, Collaborative Care
- Transitions
- State and Local Advocacy
- Surveillance and Screening

www.medicalhomeinfo.org is the premier resource for improving the lives of children and youth with special health care needs and their families through a medical home.

For more information on Medical Homes:
e-mail the National Center medical_home@aap.org or call 800-433-9016 ext. 4917.

Medical Home Facts

EXPLAINING THE MEDICAL HOME – TALKING POINTS FROM THE CENTER FOR MEDICAL HOME IMPROVEMENT
(www.medicalhomeimprovement.org)

A **medical home** combines place, process, and people-
- The central place where primary care is provided
- The process and scope of care in that place, and
- The team of people delivering and coordinating care

Patients and families expect that their **medical home** staff will:
- Know and remember them
- Respect their ideas, customs and beliefs, and
- Help them coordinate care and information among multiple professionals and services

The primary care **medical home** strives to improve health outcomes and quality of life for patients and families - while improving the experience of providing healthcare for its office staff

Care received in a **medical home** can be good, better, or great depending upon the openness to change and commitment to partner with families/consumers to make things better

Improving care for children or adults with more complex health needs enhances the **medical home** experience for all patients; medical home is about practice-wide improvement - not a special, separate primary care program

A "great" **medical home** declares itself to be a medical home, and
- Knows its patients and patient populations
- Partners with and learns from youth and families
- Uses a proactive team approach to chronic condition care
  - Including planned visits, coordination of complex services, co-management with specialists, and assistance with transitions - especially to adult services
- Connects with other community-based organizations
- Offers safe, efficient care while preventing unnecessary or duplicative services, thus reducing health care costs

A medical home is defined as primary care that is:

ACCESSIBLE
- Care is provided in the child's community
- All insurance, including Medicaid, is accepted and changes are accommodated
- Families or youth are able to speak directly to their medical home provider when needed

FAMILY-CENTERED
- Mutual responsibility and trust exists between the patient and family and the medical home
- The family is recognized as the principal caregiver and center of strength and support for child.
- Clear, unbiased, and complete information and options are shared on an ongoing basis with the family.

CONTINUOUS
- Same primary pediatric health care professionals are available from infancy through adolescence and young adulthood
- Assistance with transitions (to school, home, adult services) is provided
- The medical home provider participates to the fullest extent allowed in care and discharge planning when the child is hospitalized or care is provided at another facility or by another provider.

COMPREHENSIVE
- Health care is available 24 hours a day, 7 days a week
- Preventive, primary, and tertiary care needs are addressed
- The medical home provider advocates for the child, youth, and family in obtaining comprehensive care and shares responsibility for the care that is provided

COORDINATED
- A plan of care is developed by the physician, child or youth, and family and is shared with other providers, agencies, and organizations involved with the care of the patient.
- A central record or database containing all pertinent medical information, including hospitalizations and specialty care, is maintained at the practice. The record is accessible, but confidentiality is preserved.

COMPASSIONATE
- Concern for well-being of child and family is expressed and demonstrated in verbal and nonverbal interactions.
- Efforts are made to understand and empathize with the feelings and perspectives of the family as well as the child or youth.

CULTURALLY EFFECTIVE
- All efforts are made to ensure that the child or youth and family understand the results of the medical encounter and the care plan, including the provision of (para) professional translators or interpreters, as needed.
- Written materials are provided in the family's primary language.

-1. The Medical Home. *Pediatrics*. 2002; 110: 184-186.

The American Academy of Pediatrics, American Academy of Family Physicians, National Association of Pediatric Nurse Practitioners, Family Voices, and United States Maternal and Child Health Bureau endorse the medical home as the model for 21st century primary care.

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